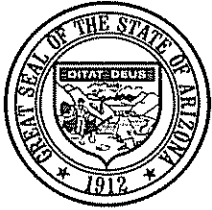


SOLICITATION NO: HR052237**SOLICITATION AMENDMENT ONE (1)**

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 West Adams, Room 303
Phoenix, AZ 85007
(602) 542-1040
(602) 542-1741 fax

Solicitation Due Date: July 20, 2010 at 3:00 P.M

Contact: **Cindy Sullivan**

A signed copy of this amendment must be submitted with your Solicitation Response.

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE REQUIREMENTS OF THIS SOLICITATION WILL BE SHOWN AT THE BEGINNING OF THE AMENDMENT.

QUESTIONS RECEIVED FROM VENDORS WILL FOLLOW AFTER THE FORMAL CHANGES

Solicitation HR052237 is amended as follows:

- 1 The Solicitation due date listed on the Cover Page of the Solicitation is revised to July 20, 2010
- 2 Change the Grant Term, Terms and Conditions, Provision One (1), Page Thirteen (13), to remain in effect until December 31, 2013.
- 3 Change the Commencement of Work, Terms and Conditions, Provision Five (5), Page Thirteen (13), to commence no later than sixty (60) days after Grant award.
- 4 Add Provision Four (4), Scope of Work, Requirements, Section E., "Provide a minimum of six hundred (600) tests per year."
- 5 Change the first sentence, Instructions, Evaluation Criteria, Section 2.d., "Provide an Itemized Budget, Budget Justification, and Price Sheet for both first year budget through 12/31/10 and second year budget through 12/31/11".
- 6 Attachment 1, Implementation Plan is replaced by Solicitation Amendment One (1), Attachment 1, Implementation Plan.
- 7 Attachment 3, Evaluation Plan is replaced by Solicitation Amendment One (1), Attachment 3, Evaluation Plan.

Vendor hereby acknowledges receipt and understanding of above amendment

Signature

Date

Name and Title:

Name of Company:

The above referenced Solicitation Amendment is hereby executed this 28 day of June, 2010 in Phoenix, Arizona

On File

Christine Ruth

Signature

Title: Christine Ruth, Acting Chief Procurement Officer

SOLICITATION NO: HR052237

8. Attachment 5, Proposed Collaboration or Subcontract with MCDPH is replaced by Solicitation Amendment One (1), Attachment 5, Proposed Collaboration or subcontract with MCDPH.
9. Attachment 6, Collaborations and/or Proposed Subcontractors is replaced by Solicitation Amendment One (1), Attachment 6, Collaborations and/or Proposed Subcontractors.
10. Attachment 7, Agency Capacity & References is replaced by Solicitation Amendment One (1), Attachment 7, Agency Capacity & References.
11. Attachment 9, Materials Review Acceptance is replaced by Solicitation Amendment One (1), Attachment 9, Materials Review Acceptance.
12. Attachment 11, Budget Justification and Narrative is replaced by Solicitation Amendment One (1), Attachment 11, Budget Justification and Narrative.
13. Exhibit 1, Implementation and Evaluation Plan is replaced by Solicitation Amendment One (1) Exhibit 1, Implementation and Evaluation Plan.
14. Exhibit 4, MRC Information and Forms, Website Information and Restrictions is replaced by Solicitation Amendment One (1), Exhibit 4, MRC Information and Forms, Website Information and Restrictions.

ATTACHMENT 1
IMPLEMENTATION PLAN
Solicitation HR052237

IMPLEMENTATION PLAN

Applicant Name: _____

Goal 1: To reduce syphilis morbidity and mortality amongst MSM in Maricopa County through intervention, education, outreach, testing and linkage to service.

Goal 2: To increase the capacity of community based organizations in Maricopa County to impact Goal 1.

Program Plan

Using this format- submit a plan for the full funding period/project cycle (through December 31, 2013), including; planning, evaluation, implementation, staffing, budgeting, start-up and wrap-up strategies, monitoring, and any special considerations in accordance with the information provided in the Method of Approach and Scope of Work of this Application.

Using this format- submit a very detailed plan including all implementation information (same categories as above) for the first year (through December 31, 2010). This plan will be updated each year of the funding cycle.

A separate Evaluation Plan (Attachment 3) will be submitted which is a detailed plan for year one (ending December 31, 2010). This plan will be updated each year.

See Exhibit 1 for more information.

ATTACHMENT 1
IMPLEMENTATION PLAN
Solicitation HR052237

Intervention Name and Description			
Goal #1: (Minimum of three (3) goals- however more may be included)			
Objectives (List specific, measurable, achievable/appropriate, realistic and time-phased objectives related to the goal above)	Activities (Describe specific actions to complete the objective)	Time Frame (Indicate the estimated duration of activity related to the objective)	Unit of service (How will the service be accounted and evaluated for each objective)
Goal #2:			
Objectives	Activities	Time Frame	Unit of Service
2-1:			
2-2:			
2-3:			

**ATTACHMENT 1
IMPLEMENTATION PLAN
Solicitation HR052237**

Goal #3:			
Objectives	Activities	Time Frame	Unit of Service
3-1:			
3-2:			
3-3:			

**ATTACHMENT 3
EVALUATION PLAN
Solicitation HR052237**

Evaluation Plan

Applicant Name: _____

Goal 1: To reduce syphilis morbidity and mortality amongst MSM in Maricopa County through intervention, education, outreach, testing and linkage to service.

Goal 2: To increase the capacity of CBOs in Maricopa County to impact Goal 1.

Evaluation Plan

A separate plan for the full funding period/project cycle (through December 31, 2013), including; planning, evaluation, implementation, staffing, budgeting, start-up and wrap-up strategies, monitoring, and any special considerations in accordance with the information provided in the Method of Approach and Scope of Work of this Application. Evaluation plans for the full funding cycle must be included.

Using this form, submit an evaluation plan which is a detailed plan for year one (ending December 31, 2010). This plan will be updated each year.

Monitoring and Evaluation Plan

Evaluation and Monitoring Questions	Use and Purpose	Evaluation and Monitoring Tools	Event/Time Used Responsible Party
Evaluation plans shall be in accordance with requirements laid out in the Method of Approach and Scope of Work for the Application.			

ATTACHMENT 5 PROPOSED COLLABORATION OR SUBCONTRACT WITH MCDPH Solicitation HR052237
--

Proposed Collaboration or Subcontract with Maricopa County Department of Public Health

Documentation of agreement or a support letter, format provided in Attachment 6, must accompany the Application
 The form: Documentation of Collaborative Partner and/or Subcontractor must be signed by the MCDPH STD Control Manager- Tom Mickey.

From SCOPE OF WORK: Establish a collaboration with Maricopa County Department of Public Health- STD Program to address, at a minimum, outreach sites and events, targeting of potential populations by location and testing (ie: personnel, supplies/materials, facilities, costs, incentives)

It is expected that the arrangements made between the Applicant and MCDPH will fall into two categories: personnel and budget. Please describe all elements of the arrangement in the table below.

For Example:

Personnel- outreach staff, testing staff, provision of educational materials or marketing activities

Budget- cost sharing, provision of testing or payment for testing, laboratory use costs and laboratory supplies costs, other medical or prevention supplies, incentives, educational materials

Is the arrangement with MCDPH a Collaboration or a Subcontract?	What are the Terms of the arrangement?	How will this arrangement enhance the provision of services in the current Application?

Contact Name and Title: _____

Telephone and Email: _____

Address: _____

Signature: _____ Date: _____

ATTACHMENT 6 COLLABORATIONS AND/OR PROPOSED SUBCONTRACTORS Solicitation HR052237

Collaborations and/or Proposed Subcontractors

If the intervention or program described in response to this Grant proposes either subcontractors or collaborations, provide a description for each one included.

Documentation of agreement or a support letter, one (1) format provided in Attachment 8, must accompany each identified collaborative partner or proposed subcontract.

Proposed Collaboration(s)	Terms	Relation to proposed project (How will this collaboration enhance the provision of services in the current Application)

Add additional collaborators as needed

Proposed Subcontractor(s)	Terms	Relation to proposed project (How will this subcontractor enhance the provision of services in the current Application)

Add additional subcontractors as needed

Contact Name and Title: _____

Telephone and Email: _____

Address: _____

Signature: _____ Date: _____

ATTACHMENT 6
COLLABORATIONS AND/OR PROPOSED SUBCONTRACTORS
Solicitation HR052237

DOCUMENTATION OF COLLABORATIVE PARTNER and/or SUBCONTRACTOR

You have been identified in the response to RFGA HR052237 as either a proposed subcontractor or a collaborating partner in a STD Syphilis Prevention Activities project by (Offeror) _____ for (Intervention) _____. Please respond to the following question:

1. How will you (your program/agency) be working to support the terms of the applicant's proposed Syphilis prevention programming?
 - 1.1 If your proposed role will be as a **subcontractor** please include the following information: proposed budget details, staffing, and subcontract if available.
 - 1.2 If your proposed role will be as a **collaborative partner** please include the following information: description of in-kind resource(s) to be provided, staffing

Contact Name and Title: _____

Telephone and Email: _____

Address: _____

Signature: _____ Date: _____

<p style="text-align: center;">ATTACHMENT 7 AGENCY CAPACITY & REFERENCES Solicitation HR052237</p>

Agency Capacity and References

Applicant shall submit a minimum of three (3) completed and signed forms as part of this Application.

Using the format provided below, submit information on three (3) separate contracts for STD prevention activities or other relevant prevention services related to those described in this RFGA HR052237. Selected references shall meet the following criteria.

- May **not** include funding or personnel from ADHS Office of HIV, STD and Hepatitis Services.
- Must reflect current or recent work; completed or in progress within the last five (5) years
- In the case of an Applicant with no experience directly relating to Syphilis prevention or other prevention services similar to those described in this RFGA, must provide justification for consideration based on other work history or preparation for work in this area.

References that do not meet these criteria shall not be considered. References may be contacted.

The required format is provided on the following page.

**ATTACHMENT 7
AGENCY CAPACITY & REFERENCES
Solicitation HR052237**

REFERENCE

Contract Term / Dates of Work: _____

Geographic Area(s) Served: _____

Target Population(s) Served: _____

Please respond to the following questions:

1. Have you worked with this agency/program in the past? Give specifics as to dates, results (outcomes achieved, objectives met)

2. How do you plan to work together in the future?

3. Describe the applicant's expertise with and/or capacity for completing the terms of this Application.

This page should be completed by the named contact at the referring agency.

Contact Name and Title: _____

Telephone and Email: _____

Address: _____

Signature: _____ Date: _____

ATTACHMENT 9
MATERIALS REVIEW ACCEPTANCE
Solicitation HR052237

Materials Review Acceptance

All materials developed or utilized by Programs must be approved by the ADHS Office of HIV, STD and Hepatitis Services Materials Review Committee- Coordinated through the HIV Prevention Program prior to any use by the Program.

As the responsible Party for the intervention described in this application, I understand it is a contractual requirement to ensure that all materials are submitted and approved prior to use. I also understand that failure to do so may jeopardize funding

Agency: _____

Name: _____

Title: _____

Signature: _____

Date: _____

ATTACHMENT 11
BUDGET JUSTIFICATION AND NARRATIVE
Solicitation HR052237

Personnel Services

Staff Member Name	Annual Salary	% FTE	Annual Total
Totals:			

Employee Related Expenses

Staff Member Name	Annual Salary	% FTE	
Totals:			

Professional and Outside Services

Type of P&O Personnel	Hourly Wage	% FTE	
Totals:			

ATTACHMENT 11
BUDGET JUSTIFICATION AND NARRATIVE
Solicitation HR052237

Other Operating Expenses

			Annual Amount
Rent – Copiers			
Lease - computers			
Telecommunications			
Printing			
Postage			
Supplies - subscriptions			
Supplies - equipment			
Medical supplies			
Totals:			\$0.00

Travel Expenses

Staff Member Name	Type of Travel (local or out of county)	Mileage	Rate 44.5	Extended Mileage Total Cost	Other costs (hotel, meals, etc.)
Totals:				\$0.00	\$0.00

<p style="text-align: center;">EXHIBIT 1 IMPLEMENTATION AND EVALUATION PLAN Solicitation HR052237</p>
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Goal 1: To reduce syphilis morbidity and mortality amongst MSM in Maricopa County through intervention, education, outreach, testing and linkage to service.

Goal 2: To increase the capacity of community based organizations in Maricopa County to impact objective 1.

Program Plan

Two (2) implementation plans shall be submitted:

The first is a general snapshot of the full funding period/project cycle (through December 31, 2013), including planning, evaluation, implementation, staffing, budgeting, start-up and wrap-up strategies, monitoring, and any special considerations in accordance with the information provided in the Method of Approach and Scope of Work of this announcement. This plan should be descriptive (not detailed) enough that someone else coming into the program could implement the program using the plan as a roadmap. (Attachment 1 and Attachment 3)

The second implementation plan will be a very detailed plan including all implementation information for the first year (through December 31, 2010). This plan will be updated each year. (Attachment 1)

A separate evaluation plan will be submitted. This will be a detailed evaluation plan for year one (1) (ending December 31, 2010). This plan will be updated each year. (Attachment 3)

EXHIBIT 1
IMPLEMENTATION AND EVALUATION PLAN
Solicitation HR052237

Intervention Name and Description			
Goal #1: (Minimum of 3 goals)			
Objectives (List specific, measurable, achievable/appropriate, realistic and time-phased objectives related to the goal above)	Activities (Describe specific actions to complete the objective)	Time Frame (Indicate the estimated duration of activity related to the objective)	Unit of service (How will the service be accounted and evaluated for each objective)
What does the program intend to accomplish? A minimum of one goal and one objective with accompanying activities must describe how the program will address goal 2 as stated in the Scope of Work (see above) regarding capacity building with CBOs in Maricopa County.	How does the program intend to accomplish the goals and objectives stated? How will the program carry out the elements of the described intervention? What services or activities will be done? Who will be responsible for the activities? Include program planning, formative evaluation, project set-up, hiring and training and wrap-up strategies.	By when will the activity be accomplished?	How will the service or activity be counted? What evaluation activities will be used for the objectives and activities?

EXHIBIT 1
IMPLEMENTATION AND EVALUATION PLAN
Solicitation HR052237

Goal #2: Example format			
Objectives	Activities	Time Frame	Unit of service
2-1:			
2-2:			
2-3:			
Goal #3:			
Objectives	Activities	Time Frame	Unit of service
3-1:			
3-2:			
3-3:			

EXHIBIT 1
IMPLEMENTATION AND EVALUATION PLAN
Solicitation HR052237

Monitoring and Evaluation Plan			
Monitoring and Evaluation Questions	Use and Purpose	Evaluation and Monitoring Tools	Event/Time Used Responsible Party
<p>Monitoring question (The question is used to drive the systematic and consistent collection of information. The question should be specific and related to the service under which it is stated. Some questions may address objectives or activities or resources.)</p> <p>This set of questions is designed to tell the program what it wants to know about the intervention and the participants in it. Data should be collected to support those questions.</p>	<p>Justification (Describe why the question is being asked, how the information will be used, and which decisions are anticipated.)</p> <p>Why does the program need the information they are asking for?</p> <p>Information should not be gathered if there is no clear reason to have it. What is being asked for should support the program goals, objectives and activities.</p> <p>The reason may be that it is required by a funder.</p>	<p>Information Source (Describe instruments, strategies, and persons that will contribute to obtain the information to address the question.)</p> <p>Evaluation and Monitoring Tools Ex: Intervention forms, surveys, interviews, chart reviews, intake forms, demographic information</p> <p>How will the information or data be collected? What type of evaluation will be used? Formative evaluation, process monitoring and evaluation, outcome monitoring? What methods will be used?</p> <p>Also consider:</p> <ul style="list-style-type: none"> • Data Collection and Data Entry • Program Improvement • Planning of Intervention activities • Client satisfaction with program 	<p>Time (Date or period by when the information is needed.)</p> <p>Event or Time that evaluation tools are used-</p> <p>Which program activities are being evaluated, using which tools for each type of activity?</p> <p>Timelines</p> <p>Responsible Party: Who will be responsible for the activity occurring? Will there be in-house evaluation or a subcontracted agency? Who does the analysis and reporting? Who handles quality assurance for the development and administration of the tools?</p>
Evaluation plans shall be in accordance with requirements laid out in the method of approach and scope of work for the announcement.			

<p style="text-align: center;">EXHIBIT 4 MRC INFORMATION AND FORMS, WEBSITE INFORMATION AND RESTRICTIONS</p>
<p style="text-align: center;">RFGA NO. HR052237</p>

Materials Review Committee

The Materials Review Committee (MRC) is a group comprised of persons from various community based organizations, County health departments, and community members, with at least one (1) state representative included. This committee meets for the purpose of reviewing materials for use in HIV/AIDS prevention programs who receive funding or support from the Arizona Department of Health Services (ADHS), Office of HIV, STD and Hepatitis, HIV Prevention Program. The MRC shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population and targeted populations.

All written materials, websites/internet materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials must be submitted to the MRC. The MRC, guided by the Centers for Disease Control (CDC) and ADHS principles on content for HIV/AIDS materials (see below), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

CDC Guidelines for Content:

1. Written materials (e.g., pamphlets, brochures, fliers), audiovisual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
2. All programs of education and information receiving funds under this title (CDC Assistance Programs) shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.
3. None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.
4. Section Three (3) may not be construed to restrict the ability of an education program that includes the information required in Section Two (2) to provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, the etiologic agent for AIDS, provided that any informational materials used are not obscene.
5. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

ADHS Guidelines for Content:

1. All current materials which have been produced/approved at the federal level (i.e., CDC, HRSA, DHHS) do not need to be approved by the MRC.
2. What is defined as obscene shall be determined by the committee on a case by case basis.
3. All materials must either directly contain a prevention message or ultimately promote a prevention message. For example, agency X may produce a poster advertising a workshop. The poster itself does not need to have a prevention message as long as the workshop does.
4. Information must be accurate, current, and culturally appropriate.



Bureau of Public Health Preparedness Services

Office of HIV/AIDS

150 N. 18th Ave. Ste. 110
Phoenix, Arizona 85007
602-364-3610
602-364-3268 fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Materials Review Committee

Materials Submission Form

Please fill out this questionnaire (for each item) as completely as possible to enable the Materials Review Committee (MRC) to have a clear understanding of how the materials are to be used. Include **one (1) original and six (6) copies** of the item with this application, so that we may send the item(s) to MRC members for review. The ADHS Materials Review Committee meets on the **First Thursday of the month**, therefore materials must be received **by the 15th of the month** prior to the meeting for distribution to members. Please submit your application packet to: **Materials Review Committee, Office of HIV, STD and Hepatitis, 150 N. 18th Avenue, Suite 110, Phoenix, AZ 85007.**

Date Submitted:

Name of Organization:

Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

Title of Item:

Type of Item (brochure, curriculum, Poster, Video, etc.):

Please describe the input of the target population in the development of this item:

Where will the distribution of the item take place, be as specific as possible?

How will the item be used as part of your intervention?

Is the item part of a larger program aimed at a target audience? If so, how will the item enhance and/or supplement with existing materials?

What type of intervention are you doing with the target population (ILI, GLI, Outreach, etc.)? What program model are you using?

Would you like to be present at the Program Review Committee meeting to answer questions concerning this item? Yes No

If yes, how may we contact you?

Vote of committee:

For Approval

Conditional Approval

Against Approval

Changes/Recommendations of the Committee:

Date letter sent to notify Contractor of MRC Action:

QUESTIONS FROM APPLICANTS

1. Question: Is there a word or page limit for the principal text of the Application in the Scope of Work Section for Tasks?

Answer: There are no page limits unless specified in a particular Section.

2. Question: Do we need to budget for costs related to the work MCDPH might carry out such as testing? Based on a conversation we've learned that they have funding for doing this testing so we want to be sure not to budget for something that's already paid for and equally not to exclude something we need to pay for

Answer: Yes, you would need to budget for this testing and any other costs related to the work with MCDPH. The testing for this project would be in addition to what they are funded to do.

10. Question: MCDPH seems unsure of whether there are existing materials for the "Syphilis Happens" campaign held by ADHS or whether we need to budget for them. Please advise.

Answer: The campaign exists, however no materials shall be provided to Grantees. You shall need to budget for this in the Application. The campaign is available through ADHS STD Program not MCDPH.

11. Question: On Page Twenty-Two (22), Scope of Work, Section D.4, it reads that only "Syphilis Happens" is acceptable. This campaign was not universally well received. Is there flexibility to adapt it to increase its possible efficacy?

Answer: Adaptations to the "Syphilis Happens" can be proposed, these should be clarified in the Application and Grantees shall continue to work with ADHS based on evaluation of the program and community discovery.

12. Question: Page Twenty-Two, Scope of Work, Section D.5.1, it is not clear from our research/exploratory conversations whether MCDPH will actually accept these coupons as part of this Grant. Should we proceed assuming the coupons will be used?

Answer: The terms of the coupons shall be negotiated with MCDPH as part of that collaboration and these terms shall include information regarding payment or services provided. If, for example, the coupons were for free testing to the client, this would be a service the Grantee would pay MCDPH for providing. The coupons are also for referrals and tracking which shall be included.

13. Question: Where are the ADHS standards regarding these coupons?

Answer: On Page Twenty-Two (22), Scope of Work, Tasks, Section D.5.1.1 through D.5.1.3.

14. Question: While the stated zip codes represent highest incidences of syphilis based on residence this does not necessarily reflect where the at-risk MSM population actually congregates and engages in "hooking up" that might lead to risky behaviors. How strict are requirements that the new sites for testing be within the five (5) stated zip codes?

Answer: These zip codes shall be addressed, however how they are addressed can be justified in the Application and actual sites could be negotiated with ADHS based upon community discovery and evaluation process.

15. Question: In Attachment 1 how does ADHS interpret the difference between start-up and planning strategies?

Answer: Refer to Solicitation Amendment One (1) Attachment 1 and to Exhibit 1 for guidance on implementation and program plans. Planning strategies shall be ongoing throughout your project and start-up activities shall be specific proposed activities during the initial stage of the program leading up to services being offered.

16.Question:In the Attachment 1, Implementation Plan asks for a "detailed plan including all implementation information for the 1st year through 12/31/10, but then for a separate evaluation plan for the period through 12/31/10. Does this mean that the evaluation plan for the period through 12/31/10 needs only to address evaluation of the initial performance during the three (3) months getting ready to deliver services?

Answer: The start up period is sixty (60) days. The detailed evaluation plan shall cover the period through 12/31/2010. Please see the previous answer to the third question. **Reminder:** Three (3) plans are being submitted. A full Project Plan including all implementation for the entire project period "date of award through 12/31/2013. A second Implementation Plan which is detailed for "date of award through 12/31/2010. The third is a detailed Evaluation Plan for "date of award through 12/31/2010. The second two (2) shall be updated each year. Please read Attachment 1, Attachment 3 and Exhibit 1.

17. Question:Attachment 2, Question Two (2), if all staff are members of the target demographic and live within the target area does ADHS have specific expectations of what cultural competency training is required?

Answer: Being a member of the target population does not automatically make every staff member culturally competent or culturally relevant to every member of the target population. ADHS does not have specific expectations other than that your agency shall meet the CLAS standards. See Exhibit 3. Your cultural competence and training shall be explained in Attachment 2, which shall be completed.

18.Question:Attachment 2, Question Four (4), we cannot find anything in the RFGA saying bilingual service provision is required but need clarification. Is there the potential to choose to do bilingual outreach and testing, etc?

Answer: That is correct the bilingual service provision is not required. Grantees are certainly free to choose that as an implementation option. This shall be described in the implementation plans and in your cultural competency assessment of Attachment 2.

19.Question:Attachment 3, We need clarification whether it is legitimate for the Evaluation Plan through 12/31/10 to only include evaluation of the "getting ready" phase if services don't have to commence until one hundred (120) days after the Grant award date.

Answer: Services shall commence no later than sixty (60) days after award. Please see previous answers regarding evaluation.

20.Question:Attachment 5 we need a clarification on who is providing the educational materials and what we need to budget to provide and potentially design, print, etc.

Answer: The Grantee shall provide all educational materials to be used in their program. All materials including those for the "Syphilis Happens" campaign shall be budgeted for and described in the detailed budget narrative. Time shall also be considered for Materials review approval of all materials, whether purchased or developed prior to use.

21. Question: In Attachment 7 it states two (2) references shall be submitted and elsewhere it is three (3) references.

Answer: See Solicitation Amendment 1, three (3) references are required.

22. Question:On Attachment 11 should I use a specific budget layout that reflects this CER which I understand is the form I would complete each month for reimbursement or can the budget for the anticipated program be formulated differently?

Answer: These are the required categories to match the RFGA Price Sheet for Attachment 10 and 11. This format cannot be changed. See Solicitation Amendment 1.

23. Question: Page Forty-Four (44), Attachment 11. As an agency we do not use a per mile travel reimbursement rate but rather a rate of sixty dollars (\$60) per month per employee. Is this acceptable?

Answer: No, ADHS funding requires use of ADHS travel policy for reimbursement including mileage which is a per mile reimbursement

24. Question: For Exhibit 1, if we do an evaluation plan for the first three (3) months of this award then it will require more than simply updating for the subsequent year. How should we approach this?

Answer: Evaluation for the entire project period is included in the full project period implementation plan, Attachment 1 and Exhibit 1 for the award of Grant through 12/31/2013. Details and specifics are in the annual evaluation plans with year one (1) included with the Application covering the period from Grant of award through 12/31/10. Annual updates due December 1 for the upcoming year can involve as much change as is necessary based upon the actual evaluation of the program.

25 Question: On Page Forty-Six (46), Exhibit 1, at first mention, we need to do specific outreach to HIV+ persons. Given this we are unsure to what extent we should focus within this Application on reaching specific numbers of HIV+ persons.

Answer: See Solicitation Amendment 1, Exhibit 1 - this requirement has been removed.

26 Question: The RFGA sets out no ADHS anticipated level of testing. Is this by design or are we missing something?

Answer: See Solicitation One (1) Amendment 1 for further information. We anticipate a minimum of six hundred (600) and, possibly, as many as one thousand (1,000) tests.

27. Question: Page Forty-Eight (48), Exhibit 1, is the quality assurance for the development and administration of the tools the same as the quality assurance plan referenced earlier in the RFGA?

Answer: The Exhibit describes specifically your evaluation and determining the quality of that evaluation. The Quality assessment plan required by the Grant is for your full project and shall include evaluation.

28 Question: On Page Fifty-Six (56), Exhibit 4, how relevant is the materials review form if ADHS already has materials ready for use for the "Syphilis Happens" approach?

Answer: ADHS expects that the "Syphilis Happens" campaign are possibly not the only materials you shall use for your entire program. All materials, including but not limited to, marketing, educational, incentives, and coupons that you develop or purchase and the use of those materials including "Syphilis Happens" and in what environments, need approval prior to use. This includes any adaptations you propose or that a Grantee may determine are necessary during the course of evaluation of the project.